

INTERIOR DESIGNER APPLICATION

JOIN ASID.

AMERICAN
SOCIETY OF
INTERIOR
DESIGNERS



CONTROL YOUR WORLD. JOIN ASID.

ASID Interior Designer Membership

Membership in the American Society of Interior Designers—the leading professional organization for the interior design industry—is your resource to advance in today’s marketplace.

LET ASID HELP YOU:

GROW YOUR BUSINESS
 BUILD YOUR NETWORK
 EXPAND YOUR KNOWLEDGE

For more information visit
www.asid.org/join.



SELECT THE MEMBERSHIP CATEGORY THAT IS RIGHT FOR YOU.

MEMBERSHIP TYPE	QUALIFICATIONS	APPELLATION	ANNUAL DUES	APPLICATION FEE (ONE TIME)
ALLIED MEMBERSHIP*	Provide photocopy of official college transcript showing at least 40 semester or 60 quarter credit hours in interior design education (continuing education classes do not count toward the education requirement).	Your Name, Allied ASID	\$445**	\$100
ASSOCIATE MEMBERSHIP	Include attached Work Experience Forms to demonstrate at least six years of full-time interior design work experience and provide photocopy of official college transcript showing a minimum of an associate’s degree in a subject other than interior design.	Your Name, Associate ASID	\$445**	\$100
PROFESSIONAL MEMBERSHIP*	Provide proof of passage of the NCIDQ examination.	Your Name, ASID	\$445**	\$100

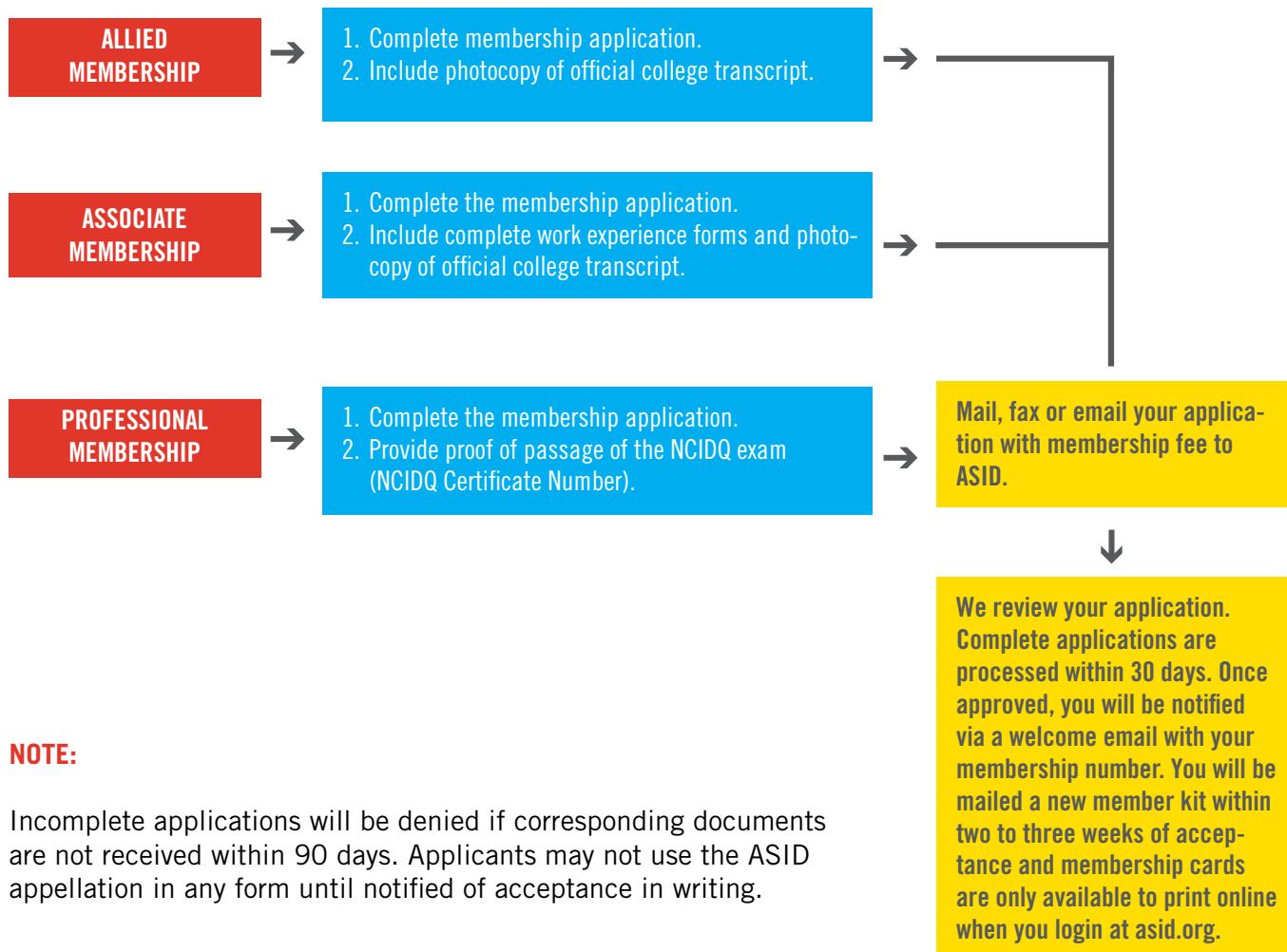
*Educators are eligible for discounted membership. Must meet membership requirements and provide a letter verifying employment as an educator or department chair in a post-secondary program of interior design education at an accredited university or school that requires 40 semester or 60 quarter credit hours in interior design coursework to graduate. Annual Dues: \$285**

**Pricing includes an annual \$15 legislative assessment fee for new and existing members.

Information and pricing valid through 12/31/2012.

THE ASID APPLICATION PROCESS

New applicants are also encouraged to join online at www.asid.org/join and upload corresponding documents.



NOTE:

Incomplete applications will be denied if corresponding documents are not received within 90 days. Applicants may not use the ASID appellation in any form until notified of acceptance in writing.

ALL APPLICATION FEES AND MEMBERSHIP DUES ARE NON-REFUNDABLE.



ASID INTERIOR DESIGN WORK EXPERIENCE FORM

(To be completed by **Associate membership applicants only**)

Section I: To be completed by applicant

 Last name First name Middle initial

I am submitting a total number of _____ ASID Work Experience Forms to document at least six years of full-time interior design work experience (photocopy forms as necessary and specify the amount on bottom of page). Please note: Forms must be completed by representatives from at least two of the four relationship categories in listed in section A below.

Section II: To be completed by representative verifying interior design work experience

Please complete the following information in order to verify the applicant's interior design work experience and return form back to the applicant. ASID reserves the right to contact you directly to confirm any of the below stated work experience. Your information will not be released by ASID for any other purpose.

 Last name First name

 Email Address Phone Number

 Address City State Zip

A. Relationship Category: Please select your relationship to applicant

- Current ASID Interior Designer: _____
ID Number
- Current ASID Industry Partner Representative Member: _____
ID Number
- Current Employer or Past Employer: _____
Name of Business Website
- Current or Past Client _____

B. I personally verify the applicant's following amount of full-time interior design work experience (please list in month/year):

 Start Date End Date

C. I personally verify that the applicant's completed work contained some or all of the below tasks (please check all that apply):

- Administration of Drawings
- Cabinetry
- Finishes
- Fixtures
- Furnishings
- Lighting location and type
- Materials
- Non-load bearing partitions
- Preparation of Drawings
- Preparation of Schedules
- Space Planning
- Other (please specify): _____

 Signature Date



ASID MEMBERSHIP APPLICATION

The contact information provided may be used in chapter directories, websites and publications.

Membership Type (check one)

- Allied membership**
(include copy of transcript)
- Associate membership**
(include copy of transcript and work experience forms)
- Professional membership**
NCIDQ Certificate # _____

Design Specialties (please indicate your primary area of practice)

- Residential – single family
- Residential – multihousing
- Office/Corporate
- Healthcare/Medical
- Hospitality
- Education
- Government/Institution
- Retail
- Facility Management
- Educator/Research
- Consultant
- Other, please specify: _____

 (Mr/Mrs/Ms) Last name First name Middle initial

 Preferred Address Home Office

 City State Zip

 Preferred Phone Home Office Cell

 Preferred Email Home Office

 Company Name

 Applicant's name as it appears on degree or transcript

 Name of Institution

 Degree received

Emerging Professional Communication

Please select this box if you are an Emerging Professional (have been practicing Interior Design for five years or less and would like to opt-in to targeted communication).

How did you hear about ASID? (required)

- Direct Mail from ASID
- Email from ASID
- Trade show
- Trade publication(s)
- Web search
- ASID Chapter Event
- Other _____

Did a current member refer you to ASID?

If so, write in their Membership ID Number and name to receive your free ASID gift!

Member ID number: _____

Member Name: _____



Payment Information

Please select one of the payment options below.

Payment must be included for application fee, annual dues and mandatory legislative assessment fee at time of application. Annual dues for membership cover the cost of membership in both the national Society and local professional chapter of the member's choice.

Membership services begin upon acceptance into the Society and when dues payment has been processed. Application fee and membership dues and fees are **non-refundable** and must be paid in U.S. currency. Membership dues are renewed on an anniversary year timeline.

Option I: Pay Dues and Fees in Full Amount

Annual Dues and Fees		Application Fee (one time)	Total
\$445*	+	\$100	\$ _____
\$285* (Educator discount)	+	\$100	\$ _____
		Total	\$ _____

*Pricing includes an annual \$15 legislative assessment fee for new and existing members.

Option II: Monthly Installment Plan (there is an additional \$25 fee for this option)

By selecting the monthly installment plan, you authorize ASID to keep the below credit card information on file. The monthly debit will occur each month of this year and each subsequent year until you notify ASID in writing that this debit is no longer authorized. It is the individual's responsibility to update any credit card details in the event of a change.

The initial payment includes **\$100** application fee **plus** first monthly payment of **\$75.83** (includes \$35.83+\$15 legislative assessment fee+\$25 fee). The subsequent 11 monthly payments are approximately **\$35.83** (taken out automatically each month).

Visa MasterCard American Express Check (make payable to ASID) Promotion Code: _____

_____ Card # Exp. date

_____ Name as it appears on card

I hereby apply for membership in the American Society of Interior Designers. I attest to the accuracy of the information given in this application and am prepared to verify as needed. If accepted, I agree to abide by the Society's Bylaws and Code of Ethics, support its objectives, pay the established dues and fees, fulfill my mandatory continuing education requirements and work toward maintaining and enhancing the prestige of the interior design profession.

_____ Signature (required) Date



THANK YOU FOR APPLYING FOR ASID MEMBERSHIP

PLEASE MAIL, EMAIL OR FAX BACK TO:

ASID ATTN: Customer Service
608 MASSACHUSETTS AVE., NE
WASHINGTON, DC 20002-6006

Email: membership@asid.org
Fax: 202.546.3240
Customer Service Direct Line: 202.675.4456
ASID General Number: 202.546.3480

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